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Tinton Falls NJ 07724

New Patient Intake & Questionnaire

Patient General Information

First Name:	Last Name:	DOB:
Age:	Sex:	Marital Status:

Address:		
City:	State:	Zip:

Contact Information

Home #:	Work:	Cell:
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Email:

Previous/Referring Doctor:

Emergency Contact:	Phone:
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If Minor

Parent/Guardian Name:
Address:

Home Phone:	Work:	Cell:
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Medical History (check all that apply):

Anemia	Diverticulosis	Liver/Hepatitis	Prostate Disorder
Anxiety	DVT/Blood Clots	Lyme Disease	Psychiatric
Arthritis	Epilepsy	Menstrual Disorder	Seizure Disorder
Asthma	Heart Attack/Failure	Migraines	Sleep Apnea
Autoimmunity	Heart Disease	Neurological	Stroke
Bleeding Disorder	High Blood Pressure	Neuropathy	Thyroid Disorder
Cancer	High Cholesterol	Osteoporosis	Vascular Issue
Diabetes	Kidney Disease	POTS	Kidney Disease

Other:

Surgeries (include year or age of surgery):

Medications (please list prescribed and over the counter medications):

Prescription Name:	Dosage:	Reason:

Supplements/Vitamins (please list all current supplements & vitamins)

Supplement/Vitamin:	Dosage:	Reason:

Current Symptoms (please check all that apply currently):

Energy

- Physical Fatigue
- Mental Fatigue

Temperature

- Night Sweating
- Hot Flashes
- Excess Sweating
- No Sweat
- Typically Feel Warm/Hot
- Typically Feel Cool/Cold
- Alternating Fever/Chills
- Cold Hands/Feet

Sleep

- Difficulty Falling Asleep
- Difficulty Staying Asleep
- Vivid Dreams/Nightmares
- Sleep Paralysis
- Sleep Walking
- Waking to Urinate

Gastrointestinal

- Acid Reflux
- Difficulty Swallowing
- Loss of Appetite
- Nausea/Vomiting
- Abdominal Pain
- Bloating
- Gas
- Diarrhea
- Constipation
- Change in Bowel Pattern
- Blood in Stool
- Rectal Bleeding
- Hemorrhoids
- Food Sensitivities
- Excessive Thirst
- Excessive Hunger

Cardiovascular

- Chest Pain
- Palpitations
- High Blood Pressure
- High Cholesterol
- High Triglycerides
- Racing Heart
- Irregular Heartbeat
- Low Heart Rate
- Ankle or Leg Swelling
- Calf Pain

Respiratory

- Wheezing
- Difficulty Breathing
- Shortness of Breath
- Productive Cough
- Dry Cough
- Bloody Sputum
- Snoring
- Sleep Apnea

Ears/Eyes/Nose/Throat

- Loss of Smell
- Nasal Congestion
- Sinus Pressure
- Nose Bleeds
- Seasonal Allergies
- Chemical Sensitivity
- Sore Throat
- Loss of Voice
- Sneezing
- Throat Lumps/Nodules
- Ear Pain/Infections
- Ringing in Ears
- Decreased Hearing
- Vision Changes
- Eye Pain
- Eye Floaters
- Blurry Vision
- Sensitivity to Light
- Dry Eyes

Neurologic

- Migraines/Headaches
- Facial Paralysis
- Dizziness/Vertigo
- Numbness/Tingling
- Fainting
- Seizures
- Tremors/Twitching
- Burning Pain
- Difficulty Walking
- Difficulty Speaking
- Memory/Concentration
- Lightheadedness

Musculoskeletal

- Joint Pain
- Joint Swelling
- Muscular Weakness
- Muscle Pain/Aches
- Body Heaviness
- Joint Stiffness
- Muscle Cramping
- Weakness of Joints
- Frequent Bone Fractures

Immunologic

- Frequent Infections
- Allergies
- Delayed Healing
- Dry Eyes
- Autoimmune

Hematologic

- Easy Bruising
- Prolonged Bleeding
- Enlarged Lymph Nodes
- Blood Clots

Skin

- Itching
- Rashes
- Lyme “Bullseye”
- Dry Skin
- Brittle Nails
- Inflamed Skin
- Acne
- Dermatitis
- Hives
- Ulcers
- Warts
- Eczema
- Psoriasis
- Dandruff
- Cold Sores
- Hair Loss
- Excess Hair Growth

Genitourinary

- Frequent Urination
- Painful Urination
- Burning Urination
- Blood in Urine
- Urinary Leakage
- Difficulty Starting Urinary Stream
- Difficulty Maintaining Urinary Stream
- Copious Urination
- Urinary Spasms/Urgency
- Cloudy Urine
- Difficulty Holding Urine

Men’s Health

- Testicular Pain/Mass
- Erection Difficulty
- Prostate Issues
- Penile Discharge

Women’s Health

- Chance of Pregnancy
- Pelvic Pain
- Irregular Periods
- Painful Periods
- Cramping
- Breast Pain/Swelling
- Breast Lump/Mass
- Nipple Discharge
- Facial Hair Growth
- Vaginal Discharge
- Vaginal Itching
- Vaginal Dryness
- Excess/Prolonged Vaginal Bleeding
- Pain with Intercourse
- Clots in Blood
- Bleeding Post Menopause

Psychiatric

- Depression
- Anxiety
- Hallucinations
- Mood Swings
- Psychiatric Treatment
- Memory Loss
- Confusion

Metabolism

- Difficulty Losing Weight
- Difficulty Gaining Weight
- Unexpected Weight Loss

Dental/Oral

- Root Canals
- Implants
- Prone to Cavities
- Strong Breath Odor
- Gingivitis
- Bleeding Gums
- TMJ Pain
- Tooth/Jaw Pain
- Loss of Taste

Environmental

- Lived in Water Damaged Building
- Exposure to Chemicals
- Exposure to Pesticides
- Tap Water as Primary Water
- Heavy Exposure to EMF’s

I have read all information and completed the above answers.

I certify this information is true and correct to the best of my knowledge. I will notify this office of any changes in the above information.

Patient Name (printed): _____

Patient Signature: _____ **Date:** _____